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7590

05/12/2004

SHERMAN & SHALLOWAY

413 North Washington Street

Alexandria, VA 22314



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/834,886	04/16/2001	Hideki Umeyama	TAN-285	5674

TITLE OF INVENTION: MODEL FOR TRAINING OF SURGICAL OPERATION OF CATARACT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<i>yes</i>	\$1250 <i>665</i>	\$300	\$1650 <i>965</i>	08/12/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FERNSTROM, KURT	3712	434-271000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sherman & Shalloway

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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